Fill	in this information to	identify your ca	ase:		_
		John J. Rob			-
	otor 2	Sheila D. Ro	berts		-
Uni	ted States Bankruptc	y Court for the	: EASTERN DISTRICT	OF PENNSYLVANIA	_
Case number 15-15624					Check if this is:
(If kr	nown)				An amended filing
					A supplement showing post-petition chapter 13 income as of the following date:
0	fficial Form E	<u> 3 61</u>			MM / DD/ YYYY
S	chedule I: Y	our Inc	ome		12/13
Par 1.		Employment		Debtor 1	and case number (if known). Answer every question  Debtor 2 or non-filing spouse
	If you have more th	than one job,		■ Employed	■ Employed
	attach a separate p information about a		Employment status	☐ Not employed	☐ Not employed
	employers.		Occupation	SSD	Foreman/Lense Coater
	Include part-time, seasonal, or self-employed work.		Employer's name		Penn Optic
	Occupation may incor homemaker, if it		Employer's address		
			How long employed to	nere?	3Years
Par	t 2: Give Deta	ils About Mor	nthly Income		
	mate monthly incomuse unless you are se		ate you file this form. If	you have nothing to report for a	ny line, write \$0 in the space. Include your non-filing
	u or your non-filing sp e space, attach a sep			ombine the information for all er	nployers for that person on the lines below. If you need

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.
 Estimate and list monthly overtime pay.
 Calculate gross Income. Add line 2 + line 3.

		For Debtor 1		Debtor 2 or filing spouse
2.	\$	0.00	\$	4,351.32
3.	+\$	0.00	+\$_	0.00
4.	\$	0.00	\$_	4,351.32

Official Form B 6I Schedule I: Your Income page 1

	otor 1 otor 2	John J. Roberts Sheila D. Roberts	_	(	Case	e number (if known)	1	5-15624		
	Cor	Copy line 4 here			For Debtor 1		For Debtor		spouse	
	COL	by line 4 nere	4.		Ψ_	0.00	•	P4	,351.32	_
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a	a.	\$	0.00	9	\$	908.72	
	5b.	Mandatory contributions for retirement plans	5b	).	\$_	0.00	9	\$	0.00	
	5c.	Voluntary contributions for retirement plans	50	<b>)</b> .	\$	0.00	9	\$	0.00	
	5d.	Required repayments of retirement fund loans	50	d.	\$_	0.00		\$	0.00	
	5e.	Insurance	5e		\$_	0.00		\$	846.28	_
	5f.	Domestic support obligations	5f.		\$_	0.00	. '	\$	0.00	_
	5g.	Union dues	50		\$_	0.00		\$	0.00	_
	5h.	Other deductions. Specify:	5h	1.+	\$_	0.00	+ 9	\$	0.00	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$_	0.00	9	\$ <u>1</u>	,755.00	_
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$_	0.00	9	\$2	,596.32	_
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	88	<b>.</b>	\$	0.00	,	\$	0.00	
	8b.	·	8b		\$-	675.00		\$	0.00	_
	8c.	Family support payments that you, a non-filing spouse, or a depender regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.			Ψ_ \$	0.00		\$	0.00	_
	8d.	Unemployment compensation	80		\$	0.00	. '	\$	0.00	_
	8e.	Social Security	8e		\$	1,068.00		\$	0.00	_
	8f. 8g.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  Pension or retirement income	ce 8f. 8g		\$_ \$	0.00		\$	0.00	_
	8h.	Other monthly income. Specify: 2014 Pro-Rated Refund		ا. ۲.+	\$-	100.00	+ 9	\$	0.00	_
	011.	2014 PTO-Nateu Netunu		 	Ψ- 	100.00			0.00	<u>-</u>
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.		\$	1,843.00		\$	0.0	0
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$		1,843.00 + \$		2,596.32	= \$	4,439.32
		I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		Ψ-		1,043.00		2,330.32		7,733.32
11.	State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  11. +\$ 0.00									0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The restet that amount on the Summary of Schedules and Statistical Summary of Certilies							\$	4,439.32
13.	Do	you expect an increase or decrease within the year after you file this for	m?						Combi month	ned ly income
		No. Yes. Explain:								